

2007

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

181

Registrar's No.

1193

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Luke's Rest Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 9 days ; In Community 20 years ; In Arizona 30 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix
(If outside city limits also write RURAL)

(d) Street No. E. Indian School Rd. ; (e) If foreign born, in U. S. A. yr.

3. (a) FULL NAME Thomas K. Bates (b) If veteran name war. none (c) Social 4526-05-6119 Security No. R-28
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed Widowed
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife, if alive ----- yrs.

7. Birthdate of deceased May 12, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 2 If less than one day
hrs. ----- min. -----

9. Birthplace Garland Co. Arkansas
(City, town or county) (State or Country)

10. Usual Occupation Foreman

11. Industry or Business Rail Road

12. Name William Owens Bates
13. Birthplace Unknown, Arkansas
(City, town or county) (State or Country)

14. Maiden Name Malisa Jane Guirm
15. Birthplace Unknown, Georgia
(City, town or county) (State or Country)

16. (a) Informant's own signature S. D. Allen
(b) Address Woodruff, Arizona.

17. (a) Burial, Cremation or Removal Removal
(b) Place Snowflake, Ariz. Date 9/17/41 19 41

18. (a) Embalmer's Signature T. Mortensen
(b) Funeral Director Mortensen & King
(c) Address 1020 W. Wash.

19. (a) SEP 16 1941
(Date received local Registrar)

(b) J. H. Christie
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9/14/41, 19 41;
TIME (Hour and minute) 12:05 A. M. M.

21. I hereby certify that I attended the deceased from 7-6
19 41 to 9-14, 19 41;
that I last saw him alive on 9-14, 19 41;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify type of injury)

23. Signature J. H. Christie M. D.

Address 1111 Professional Bldg. Date signed 9-15-41